

**Instructions for Completing  
Standard Form 1164,  
Claim for Reimbursement for Expenditures on Official Business**

(✓ - Check marks below indicate who is responsible for entering the requested information for each block.)

Item	Title	AP3 Partner	Honor Guard Cmdr	Finance	Form Entry (Type or Print Legibly)
1	Dept / Office				
2	Voucher #				
3	Schedule #				
<b>4</b>	<b>CLAIMANT</b>				
4(a)	Name	✓			Enter your last name, first name, and middle initial.
4(b)	Social Security #	✓			Enter your 9-digit Social Security number.
4(c)	Mailing Address	✓			Enter your mailing address, including street address, apartment number (if applicable), city, state, and zip code.
4(d)	Office Telephone #	✓			Enter a telephone number at which you may be reached during the daytime.
5	Paid By				
<b>6</b>	<b>EXPENDITURES</b>				
You'll use at least 2 lines for your AP3 expenditure claims: <ul style="list-style-type: none"> <li>The first line will be used for expenses made for your travel between home and the location of military funeral honors performance.</li> <li>The second line will be used for your return travel.</li> </ul>					
	Mileage Rate				<b>LEAVE BLANK</b>
6(a)	Date	✓			Enter the day and month (e.g., Jun 07)
6(b)	Code	✓			Enter "D" for AP3 Claims.
6(c)	From	✓			Identify the starting location of your detail (i.e., either your home or the military installation).
6(d)	To	✓			Identify the ending location of your detail, which should be the location of honors performance (e.g., cemetery and city/state).
6(e)	No. of Miles				<b>LEAVE BLANK</b>
6(f)	Mileage				<b>LEAVE BLANK</b>
6(g)	Fare or Tolls	✓			Enter a totaled amount paid for any public transportation, taxis (not including tips), or tolls between the From and To locations on the same line.
6(h)	Add'l Persons				<b>LEAVE BLANK</b>
6(i)	Tips / Miscellaneous	✓			Enter a totaled amount paid for any tips, fuel purchased, parking fees, and occasional meals.
After completing all of your claims, total columns 6(g) and 6(i) at the bottom (next to "TOTALS")					
7	Amount Claimed	✓			Add the totals of columns 6(g) and 6(i) to indicate the total amount for which you are requesting reimbursement.
8	Approving Official Signature		✓		
9	Certifying Official Signature			✓	
10	Claimant Signature	✓			Check which type of payment (check or cash) you would prefer to receive. SIGN and DATE the form.
<b>11</b>	<b>CASH PAYMENT RECEIPT</b>				
11(a)	Payee	✓			Sign here <b>ONLY</b> if cash payment requested and upon receipt of cash payment.
11(b)	Date			✓	
11(c)	Amount			✓	
12	Payment Made by Check #			✓	
	Accounting Classification		✓		